

Indiana State Department of Health  
Epidemiology Resource Center

Communicable Disease Reporting Rule  
410 IAC 1-2.3

Summary of Comments on Proposed Rule  
& Recommendations for Final Rule

**Comment on 410 IAC 1-2.3-73 Hepatitis, viral, Type B and Type D; specific control measures:**

- Subpoint 1, paragraph A: “IgM” should be “immune globulin”

**ISDH Response:**

- ISDH will amend this sentence to read “.....assuring that infants receive hepatitis B immune globulin and the complete HBV vaccine series.”

**Comments on 410 IAC 1-2.3-74 Hepatitis C infection; specific control measures:**

- Subpoint 5: CDC says that babies should not be tested for anti-HCV before 18 months of age. Children born to HCV-positive mothers should not be tested before 18 months of age [reference provided].

**ISDH Response:**

- ISDH will amend this sentence to read “Children eighteen (18) months of age or older born to infected mothers should be screened for anti-HCV.”

**Comments on 410 IAC 1-2.3-97 Shigellosis; specific control measures:**

- Subpoint 1: Unless there is a known outbreak of shigellosis connected to a water source, exclude requiring a seven-day water history along with the food history. More emphasis should be on activities and personal contacts since most cases are transmitted person to person. Requiring seven day food histories on all shigella cases is not practical.

**ISDH Response:**

- Upon further review of outbreak data, the ISDH concurs that water consumption history is not critical. However, foodborne outbreaks of shigellosis do occur. Since the maximum incubation period is approximately four days, a five-day food history (which is standard for other enteric disease agents) would suffice. The ISDH will amend the sentence to read “Further investigation shall be performed to determine a five (5) day food consumption history.”

**Comment on 410 IAC 1-2.3-110 Varicella (chicken pox); specific control measures:**

- Subpoint 1: Requiring every case of varicella to be reported is excessive and is an unnecessary burden on the public health system. There are still a multitude of shingles cases and this requirement would overtax the system with diseases that are not as dangerous or as communicable as many others.

**ISDH Response:**

- Varicella vaccine has been commercially available for several years. One of the reasons to conduct surveillance is to determine the burden of disease and disease trends in populations. As vaccines are utilized more readily, surveillance becomes

more important to determine if break-through disease necessitates changes in vaccination schedules, determine if new strains are circulating, and identify “pockets” of disease activity and any potentially associated risk factors.

Despite the availability of varicella vaccine, school surveillance indicates that disease is still readily transmitted. This recent trend has prompted the Advisory Committee on Immunization Practices to recommend a two-dose varicella schedule. Without surveillance, not much is known about the transmission of disease within communities. School surveillance only gives one perspective of the burden of disease. Surveillance may also indicate barriers to vaccination, provide an opportunity to encourage vaccination, as well as determine future trends in infection from the two-dose vaccination schedule. The ISDH understands that given the numbers of cases currently known, conducting case investigations will be a significant effort; however, cases should only decrease as the new vaccination recommendations are implemented. For these reasons, the ISDH recommends that primary varicella disease be listed as reportable.

- This rule addresses only primary varicella disease. Shingles is not required to be reported.